

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213528082			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: ROTH BROS., INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: OH</p> </div> <div style="width: 35%;"> <p>DUE DATE: 6/30/2013</p> <p>SCC ID NO: F0360489</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 9801 Washingtonian Blvd</p> <p style="margin-left: 40px;">CITY/ST/ZIP: Gaithersburg, MD 20878</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: THOMAS E FROELICH TITLE: VICE PRESIDENT ADDRESS: 3847 CRUM RD CITY/ST/ZIP/CO: YOUNGSTOWN, OH 44515 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: THOMAS E FROELICH TITLE: VICE PRESIDENT ADDRESS: 3847 CRUM RD CITY/ST/ZIP/CO: YOUNGSTOWN, OH 44515	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: THOMAS E FROELICH TITLE: VICE PRESIDENT ADDRESS: 3847 CRUM RD CITY/ST/ZIP/CO: YOUNGSTOWN, OH 44515	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: STEPHEN P KONEVAL TITLE: EXEC. VP ADDRESS: 3847 CRUM RD CITY/ST/ZIP/CO: YOUNGSTOWN, OH 44515 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: STEPHEN P KONEVAL TITLE: EXEC. VP ADDRESS: 3847 CRUM RD CITY/ST/ZIP/CO: YOUNGSTOWN, OH 44515	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: STEPHEN P KONEVAL TITLE: EXEC. VP ADDRESS: 3847 CRUM RD CITY/ST/ZIP/CO: YOUNGSTOWN, OH 44515	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: RICAHRD M WARDLE TITLE: EXECUTIVE VP ADDRESS: 3847 CRUM RD CITY/ST/ZIP/CO: YOUNGSTOWN, OH 44515 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: RICAHRD M WARDLE TITLE: EXECUTIVE VP ADDRESS: 3847 CRUM RD CITY/ST/ZIP/CO: YOUNGSTOWN, OH 44515	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: RICAHRD M WARDLE TITLE: EXECUTIVE VP ADDRESS: 3847 CRUM RD CITY/ST/ZIP/CO: YOUNGSTOWN, OH 44515	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: MICHAEL A. WARDLE TITLE: VICE PRESIDENT ADDRESS: 3847 CRUM RD CITY/ST/ZIP/CO: YOUNGSTOWN, OH 44515 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MICHAEL A. WARDLE TITLE: VICE PRESIDENT ADDRESS: 3847 CRUM RD CITY/ST/ZIP/CO: YOUNGSTOWN, OH 44515	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MICHAEL A. WARDLE TITLE: VICE PRESIDENT ADDRESS: 3847 CRUM RD CITY/ST/ZIP/CO: YOUNGSTOWN, OH 44515	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: Geroge Chavel TITLE: DIRECTOR ADDRESS: 9801 Washingtonian Blvd CITY/ST/ZIP/CO: Gaithersburg, MD 20878 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Geroge Chavel TITLE: DIRECTOR ADDRESS: 9801 Washingtonian Blvd CITY/ST/ZIP/CO: Gaithersburg, MD 20878	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Geroge Chavel TITLE: DIRECTOR ADDRESS: 9801 Washingtonian Blvd CITY/ST/ZIP/CO: Gaithersburg, MD 20878	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: Robert A Stern TITLE: VICE PRESIDENT ADDRESS: 9801 Washingtonian Blvd CITY/ST/ZIP/CO: Gaithersburg, MD 20878 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Robert A Stern TITLE: VICE PRESIDENT ADDRESS: 9801 Washingtonian Blvd CITY/ST/ZIP/CO: Gaithersburg, MD 20878	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Robert A Stern TITLE: VICE PRESIDENT ADDRESS: 9801 Washingtonian Blvd CITY/ST/ZIP/CO: Gaithersburg, MD 20878	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			

NAME:	Paul Belair	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	9801 Washingtonian Blvd		
CITY/ST/ZIP/CO:	Gaithersburg , MD 20878		
NAME:	Chris Jannes	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	9801 Washingtonian Blvd		
CITY/ST/ZIP/CO:	Gaithersburg, MD 20878		
NAME:	Christine Hendrickson	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	9801Washingtonian Blvd		
CITY/ST/ZIP/CO:	Gaithersburg, MD 20878		
NAME:	Phil Rogers	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	9801Washingtonian Blvd		
CITY/ST/ZIP/CO:	Gaithersburg, MD 20878		
NAME:	Dick Desrochers	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	9801Washingtonian Blvd		
CITY/ST/ZIP/CO:	Gaithersburg, MD 20878		
NAME:	Peri Bridger	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	9801Washingtonian Blvd		
CITY/ST/ZIP/CO:	Gaithersburg, MD 20878		
NAME:	Olivier Poirot	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	9801Washingtonian Blvd		
CITY/ST/ZIP/CO:	Gaithersburg, MD 20878		
NAME:	Scott Robins	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	9801Washingtonian Blvd		
CITY/ST/ZIP/CO:	Gaithersburg, MD 20878		
NAME:	Michael Leventhal	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	9801Washingtonian Blvd		
CITY/ST/ZIP/CO:	Gaithersburg, MD 20878		
NAME:	Marc Blass	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	9801Washingtonian Blvd		
CITY/ST/ZIP/CO:	Gaithersburg, MD 20878		
NAME:	Paul Brock	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	9801Washingtonian Blvd		
CITY/ST/ZIP/CO:	Gaithersburg, MD 20878		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

/s/ Scott Robins	Scott Robins, SECRETARY	6/17/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		